



### National Vessel Monitoring System (VMS) Form

**\*\*Please Print Clearly\*\***

Vessel Information			
<b>1. Vessel Registered in DFO Region:</b>			
<input type="checkbox"/> Pacific	<input type="checkbox"/> Central & Arctic	<input type="checkbox"/> Quebec	
(please check one only)			
<input type="checkbox"/> Gulf	<input type="checkbox"/> Maritimes	<input type="checkbox"/> Newfoundland & Labrador	
<b>2. Vessel Name:</b>			
<b>3. CFV/VRN/SideNo. :</b>		<b>4. Vessel Home Port :</b>	
<b>5. Owner's Name :</b>		<b>6. Owner's Telephone No.:</b> ( ) -	
<b>7. License Holder's Name (if different):</b>			
<b>8. License Holder's FIN:</b>			
<b>9. Fishery &amp; Licence No. (applicable to Gulf, Maritimes &amp; Pacific Regions):</b>			
<b>10. License Holders</b>	<b>10(a).Telephone No.:</b> ( ) -	<b>10(b).Cell No.:</b> ( ) -	
<b>10(c).SatPhone No.:</b> ( ) -	<b>10(d).Email:</b> @		
VMS Unit Information			
<b>11. Manufacturer / Model :</b>		<b>12. Hardware Serial No.:</b>	
VMS Installer Information			
<b>13. Company Name :</b>			
<b>14. Installer Name:</b>		<b>15. Installer Telephone No.:</b> ( ) -	
Communication Service Provider Information (CSP)			
<b>16. Company Name :</b>			
<b>17. Contact Name:</b>		<b>18. Telephone No.:</b> ( ) -	
<b>19. CSP No:</b>	<b>20. VMS Unit Email:</b> @		
Inmarsat-C (only)			
<b>21. DNID No.:</b>		<b>22. Member No.:</b>	



VMS Action Request			
<b>23.Type of Action:</b>  (please check one)	<input type="checkbox"/> First Installation	<input type="checkbox"/> Suspend Reporting	<input type="checkbox"/> Resume Reporting
	<input type="checkbox"/> Unit Replacement	<input type="checkbox"/> Unit Transfer	
<b>24.Effective Date of Action (DD/MM/YYYY):</b>			
<b>25.Reason for Action:</b>			
VMS Transfer (ONLY)			
Vessel Information from Where the VMS unit was removed			
<b>26. Vessel Registered in DFO Region:</b>  (please check one only)	<input type="checkbox"/> Pacific	<input type="checkbox"/> Central & Arctic	<input type="checkbox"/> Quebec
	<input type="checkbox"/> Gulf	<input type="checkbox"/> Maritimes	<input type="checkbox"/> Newfoundland & Labrador
<b>27.Vessel Name:</b>			
<b>28. CFV/VRN/SideNo. :</b>		<b>29. Vessel Home Port :</b>	
<b>30. Owner's Name :</b>		<b>31. Owner's Telephone No.:</b> (   )   -	

**Authorization**

Effective immediately, please accept this form as authorization to the Department of Fisheries & Oceans Canada to access the positional data and associated identifiers and information from the Vessel Monitoring Unit installed on above vessel.

We understand that this information will be processed, stored and disseminated by DFO in conformity with Canadian laws and current DFO policies.

SIGNED AT \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Location when signing) (Day of month) (Month) (Year)

\_\_\_\_\_  
(Name of Licence Holder)

\_\_\_\_\_  
(Signature of Licence Holder)

**Please fax/mail to:**

**Gulf Region**

Vessel Monitoring Program  
Fisheries & Aquaculture Mgmt Branch  
Fisheries & Oceans Canada  
P.O. Box 5030  
Moncton, NB E1C 9B6  
Fax: (506) 851-7377  
Toll Free: 1-888-269-7133

**Quebec Region**

Vessel Monitoring Program  
Fisheries & Aquaculture Mgmt Branch  
Pêches et Océans Canada  
104 rue Dalhousie  
Québec, QC G1K 7Y7  
Fax: (418) 648-7981  
Toll Free: 1-866-299-0070

**All Other Regions**

Vessel Monitoring Program  
Fisheries & Aquaculture Mgmt Branch  
Fisheries & Oceans Canada  
P. O. Box 5667  
St. John's, NL A1C 5X1  
Fax: (709) 772-5787  
Toll Free: 1-888-772-8225



### ***General instructions***

A Vessel Monitoring System (VMS) commonly called a “Black Box” is a satellite device which provides positional information about vessel activity. This form, once completed and faxed to the appropriate number below will provide DFO the necessary information about your VMS unit and Service Provider. This information is a requirement under your condition of licence (Schedule 19) and must be sent to DFO at a **minimum of two (2) business days prior to the beginning of your fishing season.**

**This form is divided up into different sections and the one entitled “VMS Action Request” – Items 23 – 25 lists the five types of possible options you would like to occur.**

### ***Vessel Information*** ***(Items 1 - 10(d))***

This section is used to identify the vessel, owner and license holder.

### ***VMS Unit Information*** ***(Items 11, 12)***

This section is used to identify the manufacturer, model number and serial number of your VMS unit installed on your vessel. Please refer to the list of Approved VMS Units by Department of Fisheries & Oceans.

### ***VMS Installer Information*** ***(Items 13 - 15)***

This section is used to identify the individual who physically installs the unit onboard your vessel. If you installed your own unit, please provide your information.

### ***Communication Service Provider Information (CSP)*** ***(Items 16 - 20)***

Once you’ve set up your account with your Service Provider, they will provide you with the appropriate information to fill out this section. The CSP # uniquely identifies your unit with your Service Provider and the VMS unit e-mail is the e-mail address for the unit on your vessel.

### ***Inmarsat-C (only)*** ***(Items 21, 22)***

This information only applies to units that use Inmarsat-C satellites. This information may be obtained from your Service Provider.



***VMS Action Request***  
***(Items 23 - 25)***

Please check **only one** of the **five** options which indicate the reason for submitting this form.

- |                    |   |   |
|--------------------|---|---|
| First Installation | - | This is a new unit for your vessel which never had a VMS unit installed before.   |
| Unit Replacement   | - | You have a new unit to replace a broken or malfunctioning unit.   |
| Unit Transfer      | - | When you take a unit from another vessel and replace it onboard your vessel.  |
| Suspend<br>this    | - | This notifies DFO that your VMS unit will no longer be reporting. (Please note is in addition to confirming with your Service Provider of this action.) |
| Resume<br>resuming | - | This is a requirement that you notify DFO that your VMS unit will be transmitting positions after a suspended reporting period.                         |

***VMS Transfer (only***  
***(Items 26 - 31)***

Complete this section only if the unit was transferred from another vessel. This information tells us which vessel the unit was removed from.

***Authorization***

This section is very important since it grants permission to enter the information into our database and authorizes DFO to obtain the VMS positions from the CSP. If this is not completed, no action will be taken until the appropriate signature is obtained.